

STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	NOTICE OF HOSPITALIZATION AND CERTIFICATION OF SERVICE	FILE NO.
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In the matter of _____

NOTICE

TO THE PROBATE COURT: Attached is an application for hospitalization and two clinical certificates. You are notified that:

1. The above named individual was hospitalized on _____ at _____ m.

Date
Time
2. The clinical certificate of psychiatrist required for hospitalization was completed on _____ at _____ m.

Date
Time

CERTIFICATION OF SERVICE ON PATIENT

3. I certify that on the dates and times indicated a copy of each of the following documents was given to the above individual.
 - a. Application/Petition _____ m. _____

Date
Time
Signature
 - b. Statement explaining individual's rights _____ m. _____

Date
Time
Signature
 - c. Clinical certificate of psychiatrist _____ m. _____

Date
Time
Signature
 - d. Clinical certificate of licensed psychologist/physician/psychiatrist _____ m. _____

Date
Time
Signature
 - e. Notice of hearing _____ m. _____

Date
Time
Signature

CERTIFICATION OF SERVICE ON OTHERS

4. I certify that copies of the application/petition, two clinical certificates, statement explaining rights, and notice of hearing were

☐ mail
 given by ☐ personal service on _____ m. to _____

Date and time
Individual's ☐ guardian ☐ nearest relative

☐ mail
 and by ☐ personal service on _____ m. to _____

Date and time
Individual's attorney
- ☐ 5. I further certify that the individual was asked if s/he desired that other persons be sent copies of these documents, and the individual designated _____ .

☐ a. Copies were given them on _____ by ☐ mail.

Date
personal service.

☐ b. Service was not made because the person(s) could not be located.

Date

Signature

Do not write below this line - For court use only